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<b>SERIAL NUMBER</b> 10/691,747	<b>FILING OR 371(c) DATE</b> 10/22/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> PA1548
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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** CG

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** CG

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 01/23/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 7
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: CG				

**ADDRESS**  
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**TITLE**  
Delivery system for long self-expanding stents

<b>FILING FEE RECEIVED</b> 1528	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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